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ABSTRACT

This executive summary of the final report of the formative evaluation of the Child and Family Resource Program (CFRP) demonstration projects recommends that the Office of Child Development (OCD): (1) assign a full-time OCD project manager to the demonstration in the early stages of the project; (2) implement a systematic approach to assure that all information and administrative procedures required to make informed management decisions are available to the national OCD program planning/implementation staff; (3) implement grantee selection procedures that are responsive to the intent of the demonstration program; and (4) coordinate with and involve the regional offices early in the planning process. The CFRP is described. Principal tasks and objectives of the evaluation effort are indicated, and the methodology of the formative evaluation is overviewed. Results in the program areas of planning, startup and implementation phases are summarized. Some results of the study are indicated below. Extensive Head Start personnel influence on program planning and startup was found. Proposal preparation time was insufficient. Maintaining qualified staff was a chronic problem. In all CRFPs the key staff positions were the Home Visitors or Family Advocates who worked directly with the families. Whether key staff were professional or non-professional affected the services provided to clients. Family recruitment was a continual program task. (Author/RH)

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EXECUTIVE SUMMARY

Final Report on: The Design and Implementation of a Formative Evaluation Study for the Child and Family Resource Program

Contractor:

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1521 New Hampshire Avenue, N.W.
Washington, D.C. 20036

Contract Number:

HEW-OS-74-274

September 1975

I. PURPOSE OF THE STUDY

Description of the Program

CFRP is part of the ongoing Head Start experimental demonstration program under the Head Start Improvement and Innovation effort intended to improve the management and service delivery of Head Start and to permit local communities more flexibility in adopting variation models which are more responsive to the needs of individual communities. CFRP is an experimental project designed to make use of other related but non-OCD programs (such as neighborhood multi-service centers, maternal and child health programs, and family service agencies) while utilizing Head Start as the nucleus to expand formal linkages with these existing community resources. It is directed toward developing an expanded service delivery system which integrates services similar to those demonstrated in other OCD programs (such as Parent-Child Centers and Home Start) with services traditionally offered by Head Start. CFRP attempts to coordinate with and utilize other community-based programs which provide needed services to families and children. Other than the provision of Head Start services, the demonstration effort is directed towards improving the coordination and delivery of needed services primarily to children age 0-8 and other family members. It is not directed at creating a new level of service delivery. By reducing the fragmentation which characterizes many community programs delivering services to children at different age levels and only for specific areas of need, the CFRP's were structured to tie programs and services together in a form which is more useable and responsive to the needs of each specific family.

The CFRP is longitudinal in concept to provide continuity through the major stages of the child's early development. It is currently in its third year. The 11 CFRP demonstration sites were first funded in June 1973, with the intention of supporting these demonstration sites for a total of four years, contingent upon compliance with specially developed CFRP Guidelines, compliance with evaluation requirements, and the availability of funds. No CFRP grant exceeded $125,000 during the first year (FY 1973) or second year (FY 1974). However, funding for the third year (FY 1975) contained small budget increases to provide for cost-of-living salary adjustments for local CFRP staff.

The 11 demonstration sites were selected through a competitive process. Initially OCD directed its regional staffs to identify four or five Head Start projects which in the regional staff's opinion, had potential to plan and implement a CFRP in a demonstration setting. These programs provided OCD with preliminary information that was utilized to select two sites in each region who were invited to prepare formal proposals for a CFRP grant. The final results of this intra-regional competition were that the best formal proposal in each region was selected and a grant awarded to each. 11 programs are participating in the CFRP demonstration -- one in each of the ten regions and one in the Indian/Migrant Program Division.

Principal Tasks and Objectives

No evaluation effort was undertaken of the program during the first funding year (1973). The evaluation effort was initiated during the second funding year (1974) and was divided into two segments: first, a study of the feasibility and design of a summative evaluation -- a responsibility assigned to another contractor; and second, the design and implementation of a formative evaluation study -- which is the subject of this report. Two tasks formed the basis for this formative evaluation. These are presented below with evaluation objectives:

Task 1

Develop and put in place an Information Reporting System.

Objectives

- Provide on a periodic basis, program information which can be used for evaluation and also be consistent with any ongoing information system.
- Conduct a cost analysis of the program specifying cost factors and who pays what costs.

Task 2

Perform an analysis of program process.

Objectives

- Document the strengths and weaknesses of the planning process, starting phase, and program development phase and make recommendations as to how these processes can be improved in future programs.
- Assess the extent to which services delivered to families have been individualized and match their needs assessment profile.
- Assess the extent to which appropriate resources within the community have been utilized.
- Assess extent to which all OCD required "Minimum Services" (as per the CFRP Guidelines) have been implemented.
- Develop comprehensive descriptions of the models for dissemination to communities focusing on Head Start grantees and other major state and local children's services programs.

Contractor:

The formative evaluation study was initiated and completed under contract #HEW-OS-74-274, "Design and Implement a Formative Evaluation Study for the Child and Family Resource Program," by Development Associates, Inc., Washington, D.C. The effective starting date of the contract was June 28, 1974, and the final report was submitted in September 1975. The field work was performed from October 1974 through May 1975.

II. METHODOLOGY

Task 1

The Information Reporting System is designed to collect socio-demographic and personal information on all family members for each family enrolled in CFRP. It also is designed to collect background information on all CFRP staff. Another aspect of the reporting system provides data on program categories developed during the study to assist in the process examination of the four major components (Education, Health, Social Services, and Parent Involvement). The final section of the system contains a range of program cost data. This program data is summarized and submitted by each CFRP to Development Associates where it is combined with the other reporting programs' information before it is presented to the Office of Child Development. The system is designed to provide program data on a quarterly basis.

Task Two

The program process has been described in two different ways. First, individual case studies have been prepared describing in detail the Planning, Startup, and Implementation Phases in each of the 11 CFRP sites. Second, an analysis of program process covering all 11 programs has been completed which includes a discussion of planning, startup, and implementation activities.

Due to OCD's expressed interest in obtaining program process information in certain time periods of CFRP, the formative evaluation was divided into three distinct phases:

1. Planning Phase

   This is the period occurring before the projects received their grants.

2. Startup Phase

   This is the period between the receipt of grant and the enrollment of the first family.

3. Implementation Phase

   This is the period subsequent to enrollment of the first family.

Five data collection instruments were developed to elicit appropriate information from various sources having specific knowledge of the CFRP process. These sources included: CFRP staff (at the OCD national, regional levels, as well as the local sites), community agency representatives, and parents. Field data collection procedures were also developed to standardize the interviewing procedures. The interview guides were structured to provide the field analysts with logically ordered sets of questions covering the areas of concern while simultaneously allowing flexibility for the field analysts to react to specific situations with appropriate followup questions.

Analysis of the Information System and the Program Costs involved summarizing the data submitted from the 11 sites to develop national CFRP socio-demographic and cost information. In terms of data analysis, approaches were developed to handle both numeric and narrative data. The data that were collected were mostly in narrative form and could not be summarized using standard statistical techniques. Two basic analysis approaches were developed. Under the first approach, factors

critical to the three phases of the CFRP process were specified. For each of these factors, variables were identified which were important to the implementation process of the factor and on which the programs differed to some extent in their approach. Finally programs were described in terms of these variables. Under the second approach, narrative responses to interview questions were carefully analyzed and summarized. Using these summary phrases, meaningful content categories were developed into which the data was sorted and frequency distributions of these content areas constructed and discussed.

All the case studies share a common outline which was used by the field analysts to summarize and narrate the program process information collected in preparing the descriptions for each CFRP site.

III. SUMMARY

Program Planning and Startup

OCD imposed proposal delivery schedules, guidelines, and review procedures that fairly rigorously structured the Planning Phase activities of the grantee. As a result, although the grantees proposed different CFRP approaches, most of the local planners stated that creativity in program planning was devoted to trying to strike a balance between local innovation and careful exposition of how the minimums stipulated in the Guidelines would be met. Further, the proposal submission deadline limited the time available for planning.

The Head Start staffs were very influencial in developing and, to a lesser extent, staffing the new CFRP's. Although there was considerable planning input from community agencies' representatives and members of parent policy committees, in most cases the primary responsibility for local planning was undertaken by the Head Start Director or Education Coordinator of the Delegate Agency. Decisions to select staff can be grouped into two general approaches reflecting essentially two different philosophical attitudes concerning how the CFRP's would be implemented. One approach gave primacy for having key program staff who were familiar with the target population, the community, and the community agencies. In these cases, representing more than half the CFRP's, most staff members were hired from Head Start programs. The other view was a preference for particular skills and professional experience which manifested itself with key program staff members hired from other programs.

In view of this extensive Head Start influence, it was not surprising to find that the biggest attraction the CFR approach had for these local planners was that it provided them with the opportunity to expand their Head Start programs' services to entire families. An equally attractive Guidelines feature was that programs would be able to set up a coordinated system for the delivery of services to eligible families as well as to work with children in the prenatal period through age eight.

There was not much variability across the programs in their approaches to developing agency linkage. This was due primarily to the fact that all grantees had generally similar experiences in working with community agencies through their Head Start programs. Consequently, most planners felt that a major strength of the Planning Phase centered on their success in establishing and/or improving good linkages with community agencies.

One principal planning weakness was identified as the amount of time available for planning, i.e., many of the planners felt that proposal preparation time was insufficient considering the fact that the CFR concept was new and very comprehensive. For example, the planners realized that the Needs Assessment Procedure was

critical to the individualization of services to families and devoted a great deal of thought and time to this point. Despite the efforts of the ten CFRP's (one program finalized the Needs Assessment procedures during Startup, and one did not develop any such procedures at all) who developed procedures, five have made significant changes in their system during Implementation and the others followed their original plans but only after a great deal of intra staff communication and training was undertaken.

The infant/toddler activity, as part of CFRP, was highlighted during planning by a lack of activity in most sites. In fact, this was a major program planning weakness. However, in all fairness, the combination of the time constraints imposed by the proposal deadlines and the fact that there is a national scarcity of program information in this area presented the planners with a serious problem in terms of allocating their planning time. Most planning groups simply decided not to invest extensively in this program area during planning and to defer action on this problem to the Implementation Phase. As a result, the program implementation staffs inherited this planning function which they have handled with varying degrees of success. What innovations that have emerged have focused on the Toddler group.

Startup Phase activities in each site were preparations for enrolling the first family marking the end of this phase and the beginning of the Implementation Phase. During Startup, the grantees were guided primarily by the time tables in their proposal, particularly the implementation of their scheduled staff recruitment, staff training, and facility preparation. Consequently, the dates of enrolling the first family (which marked the end of the Startup Phase) differed widely. One program enrolled the first family within three days (2 June 1973) of formal notice of grant award; while the program taking the longest length of time spend $6\frac{1}{2}$ months (13 December 1973) preparing to enroll the first family.

During Startup there was considerable variation in weaknesses among the 11 sites with most appearing to be program specific and associated with staff training problems and lack of staff expertise.

Implementation Phase

The close association between CFRP and Head Start continued into the Implementation Phase. At eight programs the Head Start Director is also the CFRP Director. At two sites the Head Start Director supervises the CFRP Director, and only at one program are the two positions administratively separate. The program staffs felt that the association with Head Start program and personnel provided both legitimacy and time to adequately present this new and difficult to explain service concept to the communities. Maintaining well trained, qualified staff is a chronic problem for most programs. In the Spring 1975, while seven programs had complete staff, four had positions open and in most cases the openings were in critical positions.

In all CFRP's the key staff positions are the Home Visitors or Family Advocates who work directly with the families. The type of individuals selected for these positions reflect the philosophy of the local programs and is related to the type of service the program has chosen to provide. Programs with professionally trained home visitors (in most cases where staff was recruited from outside Head Start) serve families differently than programs with non-professional home visitors. They attempt to identify and deal with underlying factors behind family needs to a much greater extent than programs with non-professional visitors.

Although the Guidelines specified a minimum of 80 families, during the Spring 1975, the programs enrolled between 58 and 206. (The site with 58 families had just reviewed its member families, terminating a large number of them, and was expected to implement a two-month recruiting program to redress this negative family balance.) Family recruitment is a continual program task in all CFRP's to replace terminated families. The Home Visitors are responsible for the initial recruitment in all but one site. In addition, family entrance into the GFR Program is decided by a consensus of the staff rather than by a single staff member. Income level and age of children are stipulated in the Guidelines for selection into the program.

One important feature that is also included in the selection criteria is the requirement that families express a willingness to participate in the CFRP. This has resulted due to the strong feelings held by the local CFRP staffs that an entire family must participate in appropriate CFRP activities if it is to derive any basic and lasting assistance from the program which will aid it in helping meet its needs more effectively. It is interesting to note that during the first national CFRP Conference in Salem, Oregon, in July 1973, only a few CFRP staffs were advocating written agreements between the individual families and the CFRP. Indeed, this procedure was attacked, at times heatedly, by staff members from other CFRP's. However, by the Spring of 1975, eight of the programs included this as a selection criterion and the remaining three are seriously studying its applicability to their situation.

In all programs the Home Visitors are responsible for the collection of needs assessment data, and assuring that services are provided in accordance with the prescription developed during needs assessment. Typically the needs assessment process includes a discussion and analysis of a family's strengths, weaknesses, needs, etc., by a group composed of CFRP staff, and at times, community agencies' representatives meeting in a formal setting. The resulting prescription of service is passed on to the Home Visitor who is responsible for coordinating its implementation. Reassessment is generally conducted either semi-annually or annually; however, the trend among the programs is towards shorter intervals between reassessments.

Although mechanisms for the coordination of community agencies vary considerably across the 11 sites, they can be grouped into two general categories. First, CFRP and agency representatives interact on a regularly scheduled and formal basis to discuss the coordination of services. Coordination in the second category is mainly a function of CFRP staff members interacting, on a one-to-one basis, with agency representatives for the purpose of planning and obtaining the delivery of services for families. Despite this variety of agency coordination, all CFRP's feel that appropriate community agencies have been brought into their service delivery system. For the most part, these agencies have been cooperative, except in a few locations where agencies (i.e., County Department of Social Services) have resisted the CFRP concept. The indications are that they feel that CFRP is infringing on their territory. In general, the system of coordination has been successful.

Regional Office Participation

The information collected from OCD representatives in the regional office indicates that they did not have a major role in the CFRP planning process. The program was developed primarily by the OCD National Staff and they maintained control over the demonstration program during its early life. For example: only one regional office reported having a representative participate directly in the development of the Guidelines; three regions reported that their staffs reviewed the drafts of the guidelines after they were developed by the national office and offered suggestions and recommendations; the remaining seven regions stated that they had no input

whatsoever. Correspondingly, the responses show that most regions did not have a complete understanding of the CFRP concept during the Planning Phase and could not talk knowledgeably about it, other than in broad generalities. The regions thought that their very limited role in CFRP planning was a mistake and precluded them from making significant contributions to all three phases of CFRP.

Recommendations for Demonstration Program

Based on information obtained during this evaluation effort, four recommendations or general procedures were presented for serious consideration by OCD in planning and implementing future demonstration projects. These recommendations include the following:

1. Assign a full-time OCD Project Manager to the demonstration in the early stages of the project.

2. Implement a systematic approach to assure that all information and administrative procedures required to make informed management decisions are available to the national OCD program planning/implementation staff.

3. Implement grantee selection procedures that consider and are responsive to the intent of the demonstration.

4. Coordinate with and involve the regional offices early in the planning process.

Summary

The 11 CFRP demonstration projects were, at the same time, very different from each other in some respects and very similar in others. The similarities stem from the program guidelines and objectives developed by OCD to which the programs had to respond. Other similarities stem from the fact that the 11 grantees had been operating, before the CFRP began, quality Head Start programs that were notable in the extent of parent involvement and the involvement of community agencies.

One noteworthy similarity was that the programs, without exception, seemed to have as their primary goal the delivery of services, or the coordination of the delivery of services, to all members of enrolled families. Parents and children above the age of eight years were viewed as just as important as children up to eight years. Programs were concerned about meeting all family needs and felt that unfilled needs of parents would directly or indirectly hinder development in children. Other program similarities were reflected in the heavy enrollment of families of Head Start children and the provision of similar services.

On the other hand, differences between programs can be attributed to a wide range of factors. To begin with, the Guidelines and objectives were open to interpretation by the program planners. Another contributing factor was the varied background, training, and experiences of the staff who were involved in the planning. Plans were also influenced by local conditions of the Head Start program, the grantee or delegate agency, and the community as a whole. The program differences were reflected in the staffing patterns that evolved, the type of staff members that were hired, the extent of the preservice and inservice training programs that were implemented, and the needs assessment procedures and community agency linkages that were developed.

Although the programs differed in design, no attempt was made in this study to evaluate or assess the quality of the different programs or different program components. This was not the purpose of this study. The objective here was to describe the planning of the program and to describe the program process. It is understood that an evaluation of the quality and outcomes of CFRP will be conducted by OCD during the next two years.